ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

| Change in Company's premium or rate level produced by rate revision effective | | 12/1/14 | |
|---|---|--|--|
| (1) <u>Coverage</u> | (2) Annual Premium <u>Volume (Illinois)*</u> | (3) Percent <u>Change (+ or -)**</u> | |
| Automobile Liability Private | | | |
| Passenger Commercial 2. Automobile Physical Damage | | | |
| Automobile Physical Damage Private Passenger Commercia | al | | |
| Liability Other Than Auto | \$560,309 | -3.0% | |
| Burglary and Theft | | | |
| 5. Glass | | | |
| 6. Fidelity | | | |
| 7. Surety | | | |
| 8. Boiler and Machinery | | | |
| 9. Fire | | | |
| 10. Extended Coverage | | | |
| 11. Inland Marine | | | |
| 12. Homeowners | | | |
| 13. Commercial Multi-Peril | | | |
| 14. Crop Hail | <u></u> | | |
| 15. Other | | | |
| Line of Insurance | | | |
| Does filing only apply to certain territor | y (territories) or certain classes? If so, specify: | N/A | |
| Brief description of filing. (If filing follow | s rates of an advisory organization, specify organiza | ation): | |
| +6 db4 - da affe ak -0 - 2 | | | |
| *Adjusted to reflect all prior rate chang **Change in Company's premium leve | es. which will result from application of new rates. | | |
| | American Fire | & Casualty Company | |
| | Name | of Company | |
| | Jennifer Bergner Pr | oduct Technician | |
| | Offi | cial – Title | |

FORM (RF-3)

SUMMARY SHEET

| (1) | (2) | (3) |
|---|-------------------------------|--------------------|
| | Annual Premium | Percent |
| Coverage | Volume (Illinois) * | _ Change (+or-) ** |
| Automobile Liability Private | | |
| Passenger | | |
| Commercial | | |
| Automobile Physical Damag | | |
| Private Passenger | | |
| Commercial | | |
| Liability Other Than Auto | \$301,614 | -10.2% (ISO) |
| Burglary and Theft | | |
| Glass | | |
| Fidelity | | |
| Surety | | |
| Boiler and Machinery | | |
| Fire | | |
| Extended Coverage | | |
| Inland Marine | | |
| Homeowners | | |
| Commercial Multi-Peril | | |
| Crop Hail | | |
| Other | | |
| Life of Insurance | | |
| Does filing only apply to certa | ain territory (territories) o | r cortain |
| Classes? If so, | in territory (territories) of | Certain |
| specify: No. | | |
| specity. | | |
| | | |
| Brief description of filing. (If f | iling follows rates of an a | אלאופטאו |
| Brief description of filing. (If f | iling follows rates of an a | advisory |
| Organization, specify | | advisory |
| Organization, specify organization): | iling follows rates of an a | advisory |
| Organization, specify | | advisory |
| Organization, specify organization): ISO References: GL-2014-BGL1 | ISO | advisory |
| Organization, specify organization): ISO References: GL-2014-BGL1 *Adjusted to reflect all prior ra | iso ite changes. | |
| Organization, specify organization): ISO References: GL-2014-BGL1 | iso ite changes. | |

FORM (RF-3)

| Change in Company's premium or ra | te level produced by rate revision |
|-----------------------------------|------------------------------------|
| effective April 1, 2015 | |

| | | · | |
|-----|--|-------------------------------|------------------------------------|
| | (1) | (2) | (3) |
| - | () | Annual Premium | Percent |
| - | Coverage - | Volume (Illinois) * | _ Change (+or-) ** |
| 1. | Automobile Liability Private | | |
| | Passenger | | |
| | Commercial | | |
| 2 | Automobile Physical Damag | | |
| | Private Passenger | | • |
| | Commercial | | |
| 3. | Liability Other Than Auto | 573,180 | -14.2 |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other | | |
| | Life of Insurance | | |
| ٠ | Does filing only apply to certa | in territory (territories) or | certain |
| | Classes? If so. | in territory (territorics) or | Certain |
| | specify: No | | |
| | | | |
| | Brief description of filing. (If fi | ling follows rates of an a | dvisorv |
| | Organization, specify | 3 | , |
| | organization): | Adopt ISO's revised loss of | costs. We will continue to use our |
| | currently approved loss cost multiplier. | | |
| | | | |
| | *Adjusted to reflect all prior ra | | |
| | **Change in Company's prem | ium level which will resu | It from application of new |
| | rates. | | |
| | | AXA Insurance Co | |
| | | | me of Company |
| | | Linda Gross, Corp | |
| | | (| Official – Title |

FORM (RF-3)

SUMMARY SHEET

| (1) | (2) Annual Premium | (3) Percent |
|--|--|--|
| Coverage | Volume (Illinois) * | Change (+or-) ** |
| Automobile Liability Private | | |
| Passenger | | |
| Commercial | | |
| Automobile Physical Damag | | |
| Private Passenger | | |
| Commercial | | |
| Liability Other Than Auto | 169,359 | -7.3% |
| Burglary and Theft | | |
| Glass | | |
| Fidelity | | |
| Surety | | |
| Boiler and Machinery | | |
| Fire | | |
| Extended Coverage | | |
| Inland Marine | Washington and the second of t | |
| Homeowners | | |
| Commercial Multi-Peril | | |
| Crop Hail | <u> </u> | ************************************** |
| Other | | |
| Line of Insurance | | |
| Does filing only apply to cert | tain territory (territories) or | certain |
| Classes? If so, | | |
| | e are adopting the ISO General Lia | ibility Loss Cost for all |
| General Liability territories and classes. | | |
| Brief description of filing. (If | filing follows rates of an a | avisory |
| Organization, specify | Marchaelandian de 1800 | D |
| organization): | We are adopting the ISO (| Seneral Liability |
| Loss Cost in GL-2014-BGL1. | | |
| *Adjusted to reflect all prior | rate changes | |
| **Change in Company's pre | | t from application of ne |
| rates. | | apphoanors of the |
| , 3.33. | Berkley National In | surance Company |
| | • | |

Name of Company

Michele Speidel - Regulatory Technology Analyst
Official - Title

FORM (RF-3)

| (1) Coverage | (2) Annual Premium - Volume (Illinois) * | (3) Percent Change (+or-) ** |
|--|--|---|
| Automobile Liability Private | | |
| Passenger | | |
| Commercial | | |
| Automobile Physical Damag | | |
| Private Passenger | | |
| Commercial | The second secon | # ************************************ |
| Liability Other Than Auto | 166,392 | -16.4% |
| Burglary and Theft | | |
| Glass | | |
| Fidelity | the state of the s | |
| Surety | | |
| Boiler and Machinery | | |
| Fire | | |
| Extended Coverage | | <u> </u> |
| Inland Marine | the term the second state of the second state of the stat | |
| Homeowners | | ************************************** |
| Commercial Multi-Peril | | |
| Crop Hail | | |
| Other | | |
| Line of Insurance | | |
| Does filing only apply to cert | tain territory (territories) or | certain |
| Classes? If so, | | |
| specify: No, we | are adopting the ISO General Li | ability Loss Cost for all |
| General Liability territories and classes. | | |
| Brief description of filing. (If | filing follows rates of an a | dvisory |
| Organization, specify | | |
| organization): | We are adopting the ISO | General Liability |
| Loss Cost in GL-2014-BGL1. | | |
| | | |
| *Adjusted to reflect all prior in | | It from application of n |
| **Change in Company's pre- | midiff level windit will lesu | к потпаррію апон от тк |
| rates. | Berklev Regional | Insurance Company |
| | | me of Company |
| | , • • • | |
| | Michele Speidel - F | Regulatory Technology Analys |

ILLINOIS DEPARTMENT OF INSURANCE date change summary sheet

| Change in Company's premium or rate level | produced by rate revision effective | 08 December 2014 |
|--|---|--|
| (1) <u>Coverage</u> | (2) Annual Premium Volume (Illinois)* | (3) Percent <u>Change (+ or -)**</u> |
| Automobile Liability Private Passenger Commercial | | |
| Automobile Physical Damage Private Passenger Commercial | | |
| 3. Liability Other Than Auto | \$567,771 | +8.0% estimated |
| 4. Burglary and Theft | Ψ301,111 | - 0.0 % C341114t04 |
| E Class | | |
| 6. Fidelity | | |
| 7 Cureti. | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10 Extended Coverage | - | |
| 11 Inland Marina | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other | <u> </u> | |
| Line of Insurance | | |
| Does filing only apply to certain territory (terri | itories) or certain classes? If so, speci | fy: <u>No</u> |
| Brief description of filing. (If filing follows rate Base Rate Change | · · · · · · · · · · · · · · · · | organization): Personal Excess Liability |
| | | |
| *Adjusted to reflect all prior rate changes. **Change in Company's premium level which | will result from application of new rat | es. |
| | Ch. hh la. | dompity Incurance Company |
| | Chubb ind | demnity Insurance Company Name of Company |
| | | rame or company |
| | Fran Muld | oon, Assistant Vice President |
| | | Official - Title |

ILLINOIS DEPARTMENT OF INSURANCE Large SUMMARY SHEET

| Change in Company's premium or rate le | vel produced by rate revision effective | ON December 2014 |
|---|--|---|
| (1) <u>Coverage</u> | (2) Annual Premium <u>Volume (Illinois)*</u> | (3) Percent <u>Change (+ or -)**</u> |
| Automobile Liability Private Passenger Commercial Automobile Physical Damage | | |
| Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft | \$3,006,307 | +7.5% estimated |
| 5. Glass6. Fidelity7. Surety8. Boiler and Machinery | | |
| 9. Fire 10. Extended Coverage | | |
| 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril | | |
| 14. Crop Hail 15. Other Line of Insurance | | |
| Does filing only apply to certain territory (t | erritories) or certain classes? If so, specif | y: <u>No</u> |
| B B (6) | rates of an advisory organization, specify | |
| | | |
| *Adjusted to reflect all prior rate changes. **Change in Company's premium level when the company level when the | nich will result from application of new rate | es. |
| | Chubb No | ational Insurance Company Name of Company |
| | Fran Muldo | oon, Assistant Vice President Official – Title |

| (| Change in Company's premium or rate l | evel produced by rate revision effor | ective4/1/2015 |
|------|---|--|---------------------------------|
| | | | |
| | (1) | (2) | (3) |
| | (1) | Annual Premium | Percent |
| | 0 | | Change (+ or -)** |
| - | Coverage | Volume (Illinois)* | Change (For 5) |
| A | Automobile Liability | | |
| | Private Passenger | | |
| | Commercial | | |
| Δ | Automobile Physical Damage | | |
| • | Private Passenger | | |
| | Commercial | | |
| | | #404 FOC | -14.2% |
| | iability Other Than Auto | \$101,506 | -14.270 |
| | Burglary and Theft | | |
| C | Blass | | |
| F | Fidelity | | |
| S | Surety | | |
| | Boiler and Machinery | | |
| | ire | | |
| | Extended Coverage | | |
| | nland Marine | | |
| | lomeowners | | |
| | Commercial Multi-Peril | | |
| | | | |
| | Crop Hail | · · · · · · · · · · · · · · · · · · · | |
| | Other | | |
| | Line of Insurance | | |
| | | | a a alfan - Nia |
| 35 | filing only apply to certain territory (terri | tories) or certain classes? If so, s | pecify: No |
| | 1401-1-01-0 | | |
| | | | |
| ef c | lescription of filing. (If filing follows rate | s of an advisory organization, spe | ecify organization): |
| A | Adopting ISO Filing Number GL-2014-B | GL1 | |
| | toopang to o raming that the or of the total of | | · · · |
| | | | - |
| _ | | | |
| | | | |
| , | Adjust to reflect all prior rate changes. | | |
| | Change in Company's premium level wh | sich will result from application of a | new rates |
| • | Mange in Company's premium level wi | ilon will result from application or i | iew rates. |
| | | | |
| | | | COLUMBIA MUTUAL INC. CO. |
| | | | COLUMBIA MUTUAL INS. CO. |
| | | | Name of Company |
| | | | |
| | | | Dennis McVay, CPCU |
| | | | Director, Research & Developmen |
| | | | Official - Title |
| | | | |

FORM (RF-3)

| (1) Coverage | (2) Annual Premium Volume (Illinois) * | (3) Percent Change (+or-) ** |
|---|--|---|
| automobile Liability Private | volunio (minois) | Change (101-) |
| Passenger | | |
| Commercial | | |
| automobile Physical Damag | | |
| Private Passenger | | • |
| Commercial | | |
| | \$59 014 | 43% |
| lurglary and Theft | | |
| Blass | | |
| idelity | | |
| urety | | |
| oiler and Machinery | | |
| ire | | |
| xtended Coverage | | |
| nland Marine | | |
| lomeowners | | |
| commercial Multi-Peril | | |
| crop Hail | | |
| Other | | **** |
| Life of Insurance | | |
| Does filing only apply to certain | n territory (territories) or | certain |
| Classes? If so, | | |
| specify: | -all fa | rm personal umb |
| | | |
| Brief description of filing. (If fil | ing follows rates of an ac | dvisory |
| Organization, specify | - 1 | |
| organization): | Independent fling. | - rate modification. |
| Eile drate changes and od | littus for form truck | s semi-tractors, costom |
| | <u></u> | |
| Irinaug and form employed | | |
| Adjusted to reflect all prior rat *Change in Company's premi | | t from application of new |
| Adjusted to reflect all prior rat | um level which will result | t from application of new Lail Tis. Co. of Towe ne of Company ist (Natroniting Product Specificial - Title |

ILLINOIS DEPARTMENT OF INSURANCE

date charge

| Change in Company's premium or rate level | produced by rate revision effective | ([']) & December 2014 |
|--|---|---|
| (1) <u>Coverage</u> | (2) Annual Premium Volume (Illinois)* | (3) Percent <u>Change (+ or -)**</u> |
| Automobile Liability Private Passenger Commercial | | |
| Automobile Physical Damage Private Passenger Commercial | | |
| Liability Other Than Auto | \$7,035,114 | +3.2% estimated |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | · | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | · |
| 15. Other | | |
| End of Modratio | | |
| Does filing only apply to certain territory (terri | tories) or certain classes? If so, specif | y: <u>No</u> |
| Brief description of filing. (If filing follows rate Base Rate Change | s of an advisory organization, specify o | organization): <u>Personal Excess Liability</u> |
| | | |
| *Adjusted to reflect all prior rate changes. **Change in Company's premium level which | will result from application of new rate | PS . |
| | Fada | ral Insurance Company |
| | T eddi | Name of Company |
| | Fran Muldo | oon, Assistant Vice President |
| | | Official – Title |

| | Change in Company's pre | mium or rate level produ | ced by rate |
|------|---|--------------------------------|--|
| | revision effective | 4/1/2015 | <u>.</u> ' |
| | (1) | (2) Annual Premium | (3) Percent |
| | <u>Coverage</u> | Volume (Illinois) * | <u>Change (+ or -) **</u> |
| 1. | Automobile Liability Private Passenger | | |
| 2. | Commercial Automobile Physical Damage Private Passenger | | |
| | Commercial | | |
| 3. | Liability Other Than Auto | \$3,844,701 | -1.4% |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | - |
| 14. | Crop Hail | | |
| 15. | Other | | |
| - | Line of Insurance | | |
| | es filing only apply to certain territory (| territories) or certain classe | s? If so, specify: |
| | ef description of filing. (If filing follows dopting ISO loss cost circular GL-201 | · - | zation, specify organization): |
| ** (| Adjusted to reflect all prior rate cha Change in Company's premium level will result from application of new rates | vhich | Federated Mutual Company |
| | | | Name of Company Dan Filzen - Vice President |
| | | | Official - Title |

| | Change in Company's pre | emium or rate level produced | by rate |
|-----|--|------------------------------|---|
| | revision effective | 4/1/2015 . | |
| | (1) | (2) Annual Premium | (3) Percent |
| | <u>Coverage</u> | Volume (Illinois) * | <u>Change (+ or -) **</u> |
| 1. | Automobile Liability Private Passenger | | |
| 2. | Commercial Automobile Physical Damage Private Passenger | | |
| | Commercial | | |
| 3. | Liability Other Than Auto | \$1,045,403 | -1.4% |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 0. | Extended Coverage | | |
| 1. | Inland Marine | | |
| 2. | Homeowners | | |
| 3. | Commercial Multi-Peril | | |
| 4. | Crop Hail | | |
| 5. | Other | | |
| | Line of Insurance | · · · | |
| _N | es filing only apply to certain territory (lo. ef description of filing. (If filing follows | | |
| | dopting ISO loss cost circular GL-201 | | in, specify organization). |
| | dopting 100 loss cost circular 02-20 i | 7-DOL 1. | |
| | | | |
| * (| Adjusted to reflect all prior rate cha Change in Company's premium level v vill result from application of new rates | vhich s. | |
| | | | Federated Service Company me of Company |
| | | | Dan Filzen - Vice President |
| | | | Official - Title |

FORM (RF-3)

SUMMARY SHEET

| (1) Coverage | (2) Annual Premium Volume (Illinois) * | (3) Percent Change (+or-) ** |
|--|--|------------------------------|
| Automobile Liability Private | | |
| Passenger | | |
| Commercial | | |
| Automobile Physical Damag | | |
| Private Passenger | | |
| Commercial | | |
| iability Other Than Auto | \$145,536 | -12.7% (ISO) |
| Burglary and Theft | | |
| Glass | | |
| Fidelity | | |
| Surety | | |
| Boiler and Machinery | | |
| Fire | | |
| Extended Coverage | | |
| nland Marine | | |
| Homeowners | | |
| Commercial Multi-Peril | | |
| Crop Hail | | |
| Other . | | |
| Life of Insurance | | |
| Does filing only apply to certa Classes? If so, | ain territory (territories) o | r certain |
| specify: No. | · · · · · · · · · · · · · · · · · · · | |
| Brief description of filing. (If | filing follows rates of an a | advisory |
| Organization, specify | - | • |
| organization): | ISO | |
| ISO References: GL-2014-BGL1 | | |
| *Adjusted to reflect all prior ra | ate changes | |
| **Change in Company's pren | | ult from application of ne |
| rates. | | |

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

| (1) | (2) Annual Premium | (3) Percent |
|--|--|---|
| Coverage | Volume (Illinois)* | Change (+ or -)** |
| Automobile Liability Private | | |
| Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial | | |
| 3. Liability Other Than Auto | \$2,735,676 | +5.9% estimated |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | <u></u> |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners 13. Commercial Multi-Peril | | |
| 13. Commercial Multi-Peril 14. Crop Hail | | |
| 15. Other | | |
| Line of Insurance | | |
| | | |
| Does filing only apply to certain territory (terri | tories) or certain classes? If so, speci | fy: No |
| | | <u> </u> |
| Brief description of filing. (If filing follows rate: Base Rate Change | s of an advisory organization, specify | organization): <u>Personal Excess Liability</u> |
| | | |
| <u> </u> | | |
| MARKET A CHARLES AND A SHEET OF A CHARLES AND A CHARLES AN | | |
| *Adjusted to reflect all prior rate changes. **Change in Company's premium level which | will result from application of new rat | tes. |
| | Great No | orthern Insurance Company |
| | | Name of Company |
| | | |
| | Fran Muld | loon, Assistant Vice President |
| | | Official – Title |

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

| | (1) | (2) Annual Premium | (3) Percent |
|----------|---|---------------------------------------|------------------|
| | Coverage | Volume (Illinois) * | Change (+or-) ** |
| | Automobile Liability Private | | |
| | Passenger | | |
| | Commercial | | |
| | Automobile Physical Damag | | |
| | Private Passenger | | |
| | Commercial | | |
| | Liability Other Than Auto | \$12,005 | -14.2% |
| | Burglary and Theft | | |
| | Glass | · · · · · · · · · · · · · · · · · · · | |
| | Fidelity | | |
| | Surety | | |
| | Boiler and Machinery | | |
| ` | Fire | | |
|). I. | Extended Coverage | | |
| · . 2 | Inland Marine | | |
| } . | Homeowners Commercial Multi-Peril | | |
|). | Crop Hail | | |
|). | Other | | |
| • | Line of Insurance | | |
| | Does filing only apply to certa Classes? If so, | in territory (territories) or | certain |
| | specify: N/A | | |
| | Brief description of filing. (If f | iling follows rates of an a | ıdvisorv |
| | Organization, specify | 5 | · , |
| | organization): | ISO Loss Cost Adoption (| SL-2014-RGL1 |

HARCO NATIONAL INSURANCE COMPANY

Name of Company Christy L. Moore - State Filing Analyst II

^{*}Adjusted to reflect all prior rate changes.

^{**}Change in Company's premium level which will result from application of new rates.

FORM (RF-3)

| (1) | (2) (3) |
|--|---|
| Caa.a.a | Annual Premium Percent |
| Coverage | - Volume (Illinois) * Change (+or-) ** |
| Automobile Liability Priv | ale |
| Passenger | |
| Commercial | |
| Automobile Physical Da | nay • |
| Private Passenger Commercial | <u> </u> |
| | \$3,271,490 -2.38% |
| Liability Other Than Aut Burglary and Theft | -2.30% |
| Glass | |
| Fidelity | |
| Surety | |
| Boiler and Machinery | Addition to the second |
| Fire | |
| Extended Coverage | |
| Inland Marine | |
| Homeowners | |
| Commercial Multi-Peril | |
| Crop Hail | |
| Other | |
| Line of Insurance | |
| Does filing only apply to Classes? If so, specify: | certain territory (territories) or certain |
| Brief description of filing | (If filing follows rates of an advisory |
| Organization, specify | • |
| organization): | We have updated rating factors and added new classifications, |
| which were previously classified | nder other classifications (e.g. Restaurant). We are amending cost and relativ |
| | |
| factors. | |
| *Adjusted to reflect all p | ior rate changes premium level which will result from application of new |
| *Adjusted to reflect all p | premium level which will result from application of new |
| *Adjusted to reflect all p **Change in Company's | premium level which will result from application of new Illinois Casualty Company |
| *Adjusted to reflect all p **Change in Company's | premium level which will result from application of new |

FORM (RF-3)

SUMMARY SHEET

| (1) | (2) Annual Premium | (3) Percent |
|-------------------------------------|-------------------------------|-----------------------------|
| Coverage - | Volume (Illinois) * | _ Change (+or-) ** |
| Automobile Liability Private | | |
| Passenger | | |
| Commercial | | |
| Automobile Physical Damag | | |
| Private Passenger | | |
| Commercial | | |
| Liability Other Than Auto | \$325,228 | -14.5% (ISO) |
| Burglary and Theft | | |
| Glass | | |
| Fidelity | | |
| Surety | | |
| Boiler and Machinery | | |
| Fire | | |
| Extended Coverage | | |
| Inland Marine | | |
| Homeowners | | |
| Commercial Multi-Peril | | |
| Crop Hail | | |
| Other | | |
| Life of Insurance | | |
| Does filing only apply to certa | in territory (territories) or | r certain |
| Classes? If so, | | |
| specify: No. | | |
| | | |
| Brief description of filing. (If fi | ling follows rates of an a | advisory |
| Organization, specify | | |
| organization): | ISO | |
| ISO References: GL-2014-BGL1 | | |
| *Adjusted to reflect all prior ra | te changes | |
| - rapastou to rendet an prior ra | | |
| **Change in Company's prem | ium level which will resu | ilt from application of nev |

Howard Montgomery, Bureau/Forms Compliance Manager
Official - Title

| | (1) | (2) Annual Premium | (3) Percent |
|------------|--|---|--------------------------------|
| | <u>Coverage</u> | Volume (Illinois)* | <u>Change (+ or -)**</u> |
| 1. | Automobile Liability | | |
| | Private Passenger | | |
| 2 | Commercial Automobile Physical Damage | | |
| 2. | Private Passenger | | |
| | Commercial | | |
| 3. | Liability Other Than Auto | \$1,044,000 | -14.2 |
| 4, | Burglary and Theft | | |
| 5. | Glass | | |
| 6. 7. | Fidelity Surety | - | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. 13. | Homeowners Commercial Multi-Peril | **** | |
| 13. 14. | Crop Hail | | |
| 15. | Other | | |
| | Line of Insurance | | |
| loor f | filing only apply to certain territory (| territories) or certain classes? If so, spec | oify: |
| No | ining only apply to certain territory (| | |
| | | | |
| | | | *C |
| | description of filing. (If filing follow onal Casualty Company is Adopting | vs rates of an advisory organization, specials of the GL-2014-BGL1. | |
| 114121 | onar educate, company to recopting | | |
| | | | |
| | directed to suffer to the suion mate about | | |
| * А * С | djusted to reflect all prior rate chang hange in Company's premium level | es. which will | |
| re | esult from application of new rates. | | |
| | • • | | |
| | | • | |
| | | N | ational Cassualty Company |
| | | | Name of Company |
| | | | |
| | | N / | Ielissa Medina - State Filing |
| | | ıv. | ioniosa irrouma - State Philig |
| | | _ <u>A</u> | nalyst Official - Title |

FORM (RF-3)

SUMMARY SHEET

| (1) | (2) | (3) |
|------------------------------------|---|------------------|
| | Annual Premium | Percent |
| Coverage | Volume (Illinois) * | Change (+or-) ** |
| Automobile Liability Private | | |
| Passenger | | |
| Commercial | | |
| Automobile Physical Damag | | |
| Private Passenger | | |
| Commercial | | |
| iability Other Than Auto | 1,505,255 | -14.2 |
| Burglary and Theft | | |
| Glass | | |
| idelity | | |
| Surety | | |
| Boiler and Machinery | | |
| ire | | |
| Extended Coverage | | |
| nland Marine | | |
| Iomeowners | | |
| Commercial Multi-Peril | | |
| Crop Hail | | |
| Other | | |
| Line of Insurance | | |
| Does filing only apply to certa | nin territory (territories) or | certain |
| Classes? If so, | , | |
| specify: The filin | g applies to all territories. | |
| | | |
| Brief description of filing. (If f | iling follows rates of an a | dvisory |
| Organization, specify | | |
| organization): | ISO - ISO loss costs, GL- | 2014-BGL1 |

National Interstate Insurance Company

Name of Company

Arthur Gonzales - VP, General Councel & Secretary

^{**}Change in Company's premium level which will result from application of new rates.

1.

2

3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14.

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision

| effective January 1, 2015 | • | |
|------------------------------|-----------------------|------------------|
| (1) | (2) Annual Premium | (3) Percent |
| Coverage | Volume (Illinois) * | Change (+or-) ** |
| Automobile Liability Private | | |
| Passenger | | |
| Commercial | | |
| Automobile Physical Damag | | _ |
| Private Passenger | | |
| Commercial | | |
| Liability Other Than Auto | 187,306 | -3.0% |
| Burglary and Theft | | |
| Glass | | |
| Fidelity | <u> </u> | |
| Surety | | |
| Boiler and Machinery | <u> </u> | |
| Fire | <u> </u> | · |
| Extended Coverage | | |
| Inland Marine | | |
| Homeowners | | |
| Commercial Multi-Peril | | |
| Crop Hail | | |
| Other | | |

| specify: | Not applicable | |
|---|---|--|
| Brief description of filir Organization, specify | ng. (If filing follows rates of an advisory | |
| organization): | Modifying ILF factors. | |
| | | |

Does filing only apply to certain territory (territories) or certain

Net sestionalia

Life of Insurance

Classes? If so,

Lawyers PROF. Edo

National Liability & Fire Insurance Company

Name of Company

May FCAS MAAA

Official – Title

^{*}Adjusted to reflect all prior rate changes.

^{**}Change in Company's premium level which will result from application of new rates.

Form (RF-3) ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

| Change in company's premium or rate leve | el produced by rate revision eff | ective4/1/2015 |
|---|--|--|
| (1) <u>Coverage</u> | (2) Annual Premium Volume(Illinois)* | (3) Percent <u>Change(+ or -)</u> |
| Automobile Liability Private Passenger Commercial Automobile Physical Damage | | |
| Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft | \$4,393 | -14.2% |
| 5. Glass6. Fidelity7. Surety | | |
| 8. Boiler and Machinery9. Fire10. Extended Coverage | | |
| 11. Inland Marine12. Homeowners13. Commercial Multi-Peril | | |
| 14. Crop Hail 15. Other Line of Insurance | | |
| Does filing only apply to certain territory (to | erritories) or certain classes? | If so, specify: No No |
| Brief description of filing(If filing follows r Adoption of ISO Loss Cost,GL-2014-BGL | | on, specify organization): |
| *Adjusted to reflect all prior rate changes. **Change in Company's premium level whi | ch will result from application o | of new rates. |
| | N <u>orth Am</u> | erican Specialty Insurance Compar Name of company |
| | Als | sa Shih - Compliance Analyst Official-Title |

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

| Change in Company's premium or rate | level produced by rate revision effective | 12/1/14 |
|--|---|-------------------------------------|
| (1) Coverage | (2) Annual Premium <u>Volume (Illinois)*</u> | (3) Percent Change (+ or -)** |
| Automobile Liability Private Passenger Commercial | | |
| Automobile Physical Damage Private Passenger Commercia | | |
| 3. Liability Other Than Auto | \$268,444 | -2.0% |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other | | |
| Line of Insurance | | |
| Does filing only apply to certain territory | (territories) or certain classes? If so, specify: | N/A |
| Brief description of filing. (If filing follow | rs rates of an advisory organization, specify organiza Revising Loss Costs & LCM's | ation): |
| *Adjusted to reflect all prior rate change **Change in Company's premium level | es. which will result from application of new rates. | |
| | • | |
| | | ty Insurance Company |
| | Name | of Company |
| | Jennifer Bergner – Pr | oduct Technician |
| | Offic | cial – Title |

Form (RF-3) ILLINOIS DEPARTMENT OF INSURANCE **SUMMARY SHEET**

| (1) Coverage | (2) Annual Premium <u>Volume (Illinois)*</u> | (3) Percent <u>Change (+ or -)**</u> |
|---|--|--|
| | Talana jumaa, | |
| Automobile Liability Private | | |
| Passenger Commercial Automobile Physical Damage | - | |
| Automobile Physical Damage Private Passenger Commercial | | |
| | ₽5 424 970 | -2.7% |
| | \$5,131,878 | -2.1% |
| Burglary and Theft Glass | | |
| Glass Fidelity | | |
| Fidelity Surety | | |
| Boiler and Machinery | | |
| Fire | - | |
| D. Extended Coverage | | <u>. </u> |
| Inland Marine | | |
| 2. Homeowners | | |
| B. Commercial Multi-Peril | | |
| L. Crop Hail | | |
| 5. Other | | |
| Line of Insurance | | |
| | | |
| oes filing only apply to certain territory (territo | ories) or certain classes? If so, specify: | N/A |
| | _ | ". |
| | | |
| ief description of filing. (If filing follows rates | of an advisory organization, specify organization | ation): |
| | Revising Loss Costs & LCM's | |
| | | |
| | | |
| adjusted to reflect all prior rate changes. | | |
| Change in Company's premium level which v | will result from application of new rates. | |
| | Okt. O it | |
| | | Insurance Company |
| | Name | of Company |
| | Jennifer Bergner – Pr | roduct Technician |
| | | |
| | ∩ffi | cial – Title |

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

date change

| Change in Company's premium or rate le | vel produced by rate revision effective | December 2014 |
|--|--|--|
| (1) <u>Coverage</u> | (2) Annual Premium <u>Volume (Illinois)*</u> | (3) Percent <u>Change (+ or -)**</u> |
| Automobile Liability Private Passenger Commercial | | |
| Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft | \$355,648 | +6.0% estimated |
| 5. Glass 6. Fidelity 7. Surety | | |
| 8. Boiler and Machinery9. Fire10. Extended Coverage | | |
| 11. Inland Marine12. Homeowners13. Commercial Multi-Peril | | |
| 14. Crop Hail 15. OtherLine of Insurance | | |
| | territories) or certain classes? If so, specify | y: <u>No</u> |
| | rates of an advisory organization, specify o | |
| *Adjusted to reflect all prior rate changes. | nich will result from application of new rate | |
| Change in Company's premium level wi | • | ic Indemnity Company |
| | Fran Muldo | Name of Company oon, Assistant Vice President |
| | | Official - Title |

Change in Company's premium or rate level produced by rate revision effective 2/1/2015

| | (1) | (2) | (3) |
|------|--|--|-------------------------------------|
| | Coverage | Annual Premium Volume (Illinois)* | Percent <u>Change (+ or -)**</u> |
| 1. | Automobile Liability | | |
| | Private Passenger | | |
| | Commercial | | |
| 2. | Automobile Physical Damage | | |
| | Private Passenger | | |
| | Commercial | | |
| 3. | Liability Other Than Auto | 120,000 | <u>-6.4</u> % |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | - A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other | | |
| | Line of Insurance | | |
| Does | filing only apply to certain territory (territorio | es) or certain classes? If so, specify: | |
| No | ming only apply to decidan territory (territoric | 20) 5. 55. tal., 5.25555 55, 6p.55., | |
| | | | |
| | | f an advisory organization, specify organiza erlying Commercial General Liability – P | |
| Prod | ucts/Completed Operations portion of th | e rating. | |
| | | | |
| | | | |

- * Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.

| Pioneer | Specialty | Insu | rance | Con | npany | 1 |
|---------|-----------|------|-------|-----|-------|---|
| | | | | | | |

Name of Company

Doug Draeger, Sr. Product Development Analyst

Melissa Medina - State Filing

Official - Title

Analyst

| | (1) | (2) Annual Premium | (3) Percent |
|-------------|--|--|---|
| | Coverage | Volume (Illinois)* | Change (+ or -)** |
| 1. | Automobile Liability | | |
| | Private Passenger | | |
| _ | Commercial | | |
| 2. | Automobile Physical Damage Private Passenger Commercial | | |
| 3. | Liability Other Than Auto | \$171,000 | -14.2 |
| 4. | Burglary and Theft | <u> </u> | |
| 5. | Glass | | |
| 6. | Fidelity | | - |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other | <u> </u> | |
| | Line of Insurance | | |
| oes f No | iling only apply to certain territory (| territories) or certain classes? If so, speci | fy: |
| | description of filing. (If filing follow sdale Indemnity is Adopting ISO fil | vs rates of an advisory organization, speciing GL-2014-BGL1. | fy organization): |
| | <u>.</u> | | |
| | | · | · ···· - · · · · · · · · · · · · · · · |
| | djusted to reflect all prior rate chang hange in Company's premium level | | |
| ге | sult from application of new rates. | | |
| | | | |
| | | | |
| | | Sco | ottsdale Indemnity Company Name of Company |

H29219D

FORM (RF-3)

SUMMARY SHEET

| (1) | (2) | (3) |
|-----------------------------------|---------------------------------------|---------------------------|
| | Annual Premium | Percent |
| Coverage | Volume (Illinois) * | _ Change (+or-) ** |
| Automobile Liability Private | | |
| Passenger | | |
| Commercial | | |
| Automobile Physical Damag | | |
| Private Passenger | | |
| Commercial | | |
| Liability Other Than Auto | \$1,158,926 | -17.4% (ISO) |
| Burglary and Theft | | |
| Glass | <u></u> | |
| Fidelity | | |
| Surety | | |
| Boiler and Machinery | | |
| Fire | | |
| Extended Coverage | | |
| Inland Marine | | |
| Homeowners | | |
| Commercial Multi-Peril | | |
| Crop Hail | | |
| Other Life of Insurance | | |
| Life of frisurance | | |
| Does filing only apply to certa | ain territory (territories) or | certain |
| Classes? If so, | | |
| specify: No. | | |
| | | |
| Brief description of filing. (If | filing follows rates of an a | idvisory |
| Organization, specify | | |
| organization): | ISO | |
| ISO References: GL-2014-BGL1 | | |
| *Adjusted to reflect all prior ra | ate changes | |
| Aujusteu to reflect all bliot to | | It from application of ne |

Name of Company
Howard Montgomery, Bureau/Forms Compliance Manager
Official — Title

| • | Change in Company's premium or rate | level produced by rate revision effective | 02/01/2015 |
|----------|--|--|----------------------------------|
| | (1) | (2) | (2) |
| | (1) | (2) Annual Premium | (3) Percent |
| | Coverage | Volume (Illinois)* | Change (+ or -)** |
| 1. | Automobile Liability | | |
| | Private Passenger | | |
| | Commercial | | |
| 2. | Automobile Physical Damage | | |
| | Private Passenger | | |
| | Commercial | 2 (00 000 | 0.484 |
| 3. | Liability Other Than Auto | 3,688,009 | -9.1% |
| 4. | Burglary and Theft | | |
| 5. 6. | Glass | | <u> </u> |
| o. 7. | Fidelity Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other | | |
| | Line of Insurance | | |
| No. | | | |
| Brief d | • • • | ates of an advisory organization, specify of | organization): |
| • | Revise loss cost multipliers. | | |
| • | | L-2013-145; reference number GL-201 | |
| | | ayed adopting GL-2012-ORU12, the 201 new class codes (16905, 16906, 58165 | |
| | | hments. Those new class codes have be | |
| | | will not be utilizing those new class co | |
| | loss costs until we adopt | | • |
| | | e and schedule, composite, and retrosp | |
| • | Amend our Cable Service Line Inst | allation class code 31085 to use 30% of the | he loss cost for ISO code 99613. |
| | | | |
| | | · · · · · · · · · · · · · · · · · · · | |
| | | | |
| * A | djusted to reflect all prior rate changes. | | |
| | nange in Company's premium level whi | ich will | |
| | sult from application of new rates. | | |
| | •• | | |
| | | | ive Insurance Company of |
| | | Ameri | ca (SICA) |
| | | | Name of Company |
| | | _ | 337 - 1 |
| | | Courti Assist | |
| | | | Official - Title |

| | Change in Company's premium or rate | level produced by rate revision effective | ve 02/01/2015 |
|---------------|---|--|--|
| | (1) | (2) Annual Premium | (3) Percent |
| | <u>Coverage</u> | Volume (Illinois)* | <u>Change (+ or -)**</u> |
| 1. | Automobile Liability | | |
| | Private Passenger | | |
| | Commercial | | |
| 2. | Automobile Physical Damage Private Passenger | | |
| | Commercial | | |
| 3. | Liability Other Than Auto | 7,007,184 | 5.0% |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other | | |
| Does f No. | iling only apply to certain territory (ten | ritories) or certain classes? If so, speci | ty: |
| Brief | We have indefinitely delawhich ISO added several Your Own Drink establis 2013-BGL1; however we loss costs until we adopt Modify the ELR for our experience | L-2013-145; reference number GL-2 ayed adopting GL-2012-ORU12, the 2 new class codes (16905, 16906, 581 hments. Those new class codes have will not be utilizing those new class | 013-BGL1 2012 GL Multi-State circular, in 165, and 58166) related to Bring to been included in ISO circular GL- codes or any associated rules or |
| | | | |
| | | | |
| ** C | djusted to reflect all prior rate changes. hange in Company's premium level who sult from application of new rates. | | |
| | | | ective Insurance Company of uth Carolina (SICSC) |
| | | | Name of Company |
| | | | |

Courtney Wright – Actuarial Assistant

Official - Title

| | Change in Company's premium or rate | level produced by rate revision effective | 02/01/2015 |
|------------|---|--|--|
| | (1) | (2) Annual Premium | (3) Percent |
| | Coverage | Volume (Illinois)* | <u>Change (+ or -)**</u> |
| 1. | Automobile Liability | | |
| | Private Passenger | | |
| | Commercial | | |
| 2. | Automobile Physical Damage | - | |
| | Private Passenger | | |
| | Commercial | | |
| 3. | Liability Other Than Auto | 2,218,118 | -3.1% |
| 4. | Burglary and Theft | • | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. 12. | Inland Marine Homeowners | | |
| 12. 13. | Commercial Multi-Peril | | |
| 13. | Crop Hail | | |
| 15. | Other | | |
| 15. | Line of Insurance | | |
| No. | description of filing. (If filing follows in Revise loss cost multipliers. Adopt ISO Loss Cost circular 'LI-Good We have indefinitely delember which ISO added several | rates of an advisory organization, specify of L-2013-145; reference number GL-201 ayed adopting GL-2012-ORU12, the 201 new class codes (16905, 16906, 58165) hments. Those new class codes have be | 3-BGL1 2 GL Multi-State circular, in , and 58166) related to Bring |
| | 2013-BGL1; however we | will not be utilizing those new class co | des or any associated rules or |
| | loss costs until we adopt | | |
| | | te and schedule, composite, and retrosp | |
| | Amend our Cable Service Line Ins | tallation class code 31085 to use 30% of the | he loss cost for ISO code 99613. |
| | | | |
| | | | <u> </u> |
| ** C | djusted to reflect all prior rate changes. hange in Company's premium level whe sult from application of new rates. | | |
| | | | |
| | | | |
| | | | ive Insurance Company of utheast (SICSE) |
| | | | Name of Company |

Courtney Wright - Actuarial Assistant

FORM (RF-3)

SUMMARY SHEET

| (1) | (2) Annual Premium | (3) Percent |
|--|---|---|
| Coverage - | Volume (Illinois) * | Change (+or-) ** |
| Automobile Liability Private | | |
| Passenger | | <u> </u> |
| Commercial | | |
| Automobile Physical Damag | | |
| Private Passenger | | |
| Commercial | | |
| Liability Other Than Auto | 111,845 | -14.0% |
| Burglary and Theft | | |
| Glass | | |
| Fidelity | | |
| Surety | | |
| Boiler and Machinery | | ************************************** |
| Fire | | |
| Extended Coverage | | |
| Inland Marine | | *************************************** |
| Homeowners | | |
| Commercial Multi-Peril | | |
| Crop Hail | | |
| Other | | |
| Line of Insurance | | |
| Does filing only apply to certa | in territory (territories) or | r certain |
| Classes? If so, | • • • | |
| specify: No, we a | are adopting the ISO General Li | ability Loss Cost for all |
| General Liability territories and classes. | | |
| Brief description of filing. (If fi | ling follows rates of an a | advisory |
| Organization, specify | • | • |
| organization): | We are adopting the ISO | General Liability |
| Loss Cost in GL-2014-BGL1. | *************************************** | |
| | | |
| *Adjusted to reflect all prior ra | te changes. | |
| **Change in Company's prem | ium level which will resu | ılt from application of n |
| rates. | | |
| | StarNet Insurance | Company |

Name of Company
Michele Speidel - Regulatory Technology Analyst
Official - Title

FORM (RF-3)

SUMMARY SHEET

| | (1) | (2) Annual Premium | (3) Percent |
|-----|----------------------------------|--------------------------------|--------------------------|
| | Coverage | Volume (Illinois) * | Change (+or-) ** |
| | utomobile Liability Private | | |
| | assenger | | |
| _ | ommercial | | |
| | utomobile Physical Damag | | |
| | rivate Passenger | | |
| | ommercial | 0040044 | 45 70(((0.0) |
| | ability Other Than Auto | \$340,041 | -17.7% (ISO) |
| | urglary and Theft | | |
| | lass | | |
| | delity | | |
| | urety | | |
| | oiler and Machinery | | |
| Fi | · = | | |
| | ktended Coverage | | |
| | land Marine | | |
| | omeowners | | |
| | ommercial Multi-Peril | * | |
| | rop Hail | | |
| . O | ther Life of Insurance | | |
| D | oes filing only apply to certa | ain territory (territories) or | certain |
| С | lasses? If so, | | |
| s | pecify: No. | | |
| | | | ···· |
| | rief description of filing. (If | filing follows rates of an a | dvisory |
| | organization, specify | 150 | |
| | rganization): | ISO | |
| 18 | 6O References: GL-2014-BGL1 | | |
| * / | Adjusted to reflect all prior re | ate changes | |
| | Change in Company's prer | | It from application of n |
| | ates. | | it nom approation of the |
| | | Technology Incura | _ |

Name of Company
Howard Montgomery, Bureau/Forms Compliance Manager
Official — Title

FORM (RF-3)

SUMMARY SHEET

| (1) Coverage | (2) Annual Premium Volume (Illinois) * | (3) Percent Change (+or-) ** |
|--|---|--|
| Automobile Liability Private | voidino (initialo) | Onange (Tot) |
| Passenger | | |
| Commercial | | |
| Automobile Physical Damag | | |
| Private Passenger | | • |
| Commercial | | |
| iability Other Than Auto | \$257,955 | -0.70% |
| Burglary and Theft | 420,1000 | 0.7070 |
| Glass | | |
| Fidelity | | |
| Surety | | |
| Boiler and Machinery | | |
| Fire | \$3,131 | 0.00% |
| Extended Coverage | ⊅ 3, 3 | 0.00% |
| extended Coverage | | |
| | ************************************** | |
| Homeowners | | |
| Commercial Multi-Peril | ······································ | |
| Crop Hail | <u> </u> | |
| Other | | |
| Line of Insurance | | |
| Does filing only apply to cert Classes? If so, | ain territory (territories) o | certain |
| specify: No | | |
| | | |
| Brief description of filing. (If | filing follows rates of an a | advisory |
| Organization, specify | _ | |
| organization): | We are introducing the use of sch | edule rating with the Errors and Omissions cover |
| offered under this product and are introducing new | rules for an optional Blanket Waiver of Sub | ogation Endorsement,an optional Property Dama |
| Extension Endorsement, a \$2,500 Theft Deductible on | Property, and optional Hired and Non-Owned Auto | Liability Coverage. Refer to Memo for more informati |
| *Adjusted to reflect all prior r **Change in Company's prer | | ılt from application of new |
| Change in Company's pre- | manificaci wincii wiii 1656 | at from application of flow |
| rates | | |
| rates. | United States Liab | oility Insurance Company |
| rates. | | oility Insurance Company me of Company |

Form (RF-3) ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 11/3/2014 (2) (3) (1) Percent **Annual Premium** Change (+ or -)** Coverage Volume (Illinois)* Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial 25.1% Liability Other Than Auto 3,221,908 4. **Burglary and Theft** Glass 5. 6. Fidelity 7. Surety **Boiler and Machinery** 8. 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: Brief description of filing. (If filing follows rates of an advisory organization, specify organization): This is a VSC and Dealer Limited Warranty program filing in conjunction with a third party program adminstrator. We are filing a rate change. *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates. Universal Underwriters Insurance Company Name of Company Michele Buroker - Head of Filing Support Official - Title

ILLINOIS DEPARTMENT OF INSURANCE

| Sate Change |
|-------------|
|-------------|

| Change in Company's premium or rate leve | el produced by rate revision effective | December 2014 |
|---|---|--|
| (1) | (2) Annual Premium | (3) Percent |
| Coverage | Volume (Illinois)* | <u>Change (+ or -)**</u> |
| Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial | | |
| 3. Liability Other Than Auto | \$919,692 | +5.5% estimated |
| 4. Burglary and Theft 5. Glass 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| | | · · · · · · · · · · · · · · · · · · · |
| 15. Other Line of Insurance | | |
| Does filing only apply to certain territory (te | rritories) or certain classes? If so, specify | r. <u>No</u> |
| Brief description of filing. (If filing follows ra Base Rate Change | tes of an advisory organization, specify o | · - |
| | | |
| *Adjusted to reflect all prior rate changes. **Change in Company's premium level whi | ch will result from application of new rate | s. |
| | <u>Vigilar</u> | nt Insurance Company Name of Company |
| | Fran Muldoo | on, Assistant Vice President Official – Title |

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

| (1) | (2) Annual Premium | (3) Percent |
|------------------------------|----------------------------------|------------------|
| Coverage | - Volume (Illinois) * | Change (+or-) ** |
| Automobile Liability Private | | |
| Passenger | | |
| Commercial | | |
| Automobile Physical Damag | g | |
| Private Passenger | | |
| Commercial | | |
| Liability Other Than Auto | \$5,197,561 | -14.8% (ISO) |
| Burglary and Theft | | |
| Glass | | |
| Fidelity | | |
| Surety | | |
| Boiler and Machinery | | |
| Fire | | |
| Extended Coverage | | |
| Inland Marine | | |
| Homeowners | | |
| Commercial Multi-Peril | | |
| Crop Hail | | |
| Other | | |
| Life of Insurance | | |
| 5 60 | A | |
| Does filing only apply to ce | rtain territory (territories) or | cenain |
| Classes? If so, | | |
| specify: No. | | |

organization):

ISO References: GL-2014-BGL1

ISO

Wesco Insurance Company

Name of Company Howard Montgomery, Bureau/Forms Compliance Manager

^{*}Adjusted to reflect all prior rate changes.

^{**}Change in Company's premium level which will result from application of new rates.

Form (RF-3) ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

| nange in Company's premium or rate | level produced by rate revision effective | 12/1/14 |
|---|--|--------------------------|
| (1) | (2) Annual Premium | (3) Percent |
| Coverage | Volume (Illinois)* | <u>Change (+ or -)**</u> |
| . Automobile Liability Private Passenger Commercial | | |
| . Automobile Physical Damage Private Passenger Commercia | al | |
| . Liability Other Than Auto | \$242,867 | -2.2% |
| . Burglary and Theft | | |
| . Glass | | |
| . Fidelity | | |
| . Surety | | |
| . Boiler and Machinery | | |
| . Fire | | |
| Extended Coverage | | |
| 1. Inland Marine | | |
| 2. Homeowners | | |
| 3. Commercial Multi-Peril | | |
| 4. Crop Hail | | |
| 5. Other | | |
| Line of Insurance | | |
| | y (territories) or certain classes? If so, specify: s rates of an advisory organization, specify organiz Revising Loss Costs & LCM's | n/A ation): |
| Adjusted to reflect all prior rate change | es. | |
| 'Change in Company's premium level | which will result from application of new rates. | |
| | West America | Insurance Company |
| | Name | e of Company |
| | Jennifer Bergner – P | roduct Technician |
| | | icial – Title |

Change in Company's premium or rate level produced by rate revision effective 2/1/2015

| | (1) | (2) Annual Premium | (3) Percent |
|--------|--|---|---------------------------------------|
| | <u>Coverage</u> | <u>Volume (Illinois)*</u> | <u>Change (+ or -)**</u> |
| 1. | Automobile Liability | | |
| | Private Passenger | | |
| | Commercial | | |
| 2. | Automobile Physical Damage | , | |
| | Private Passenger | | |
| | Commercial | | |
| 3. | Liability Other Than Auto | 1,504,000 | -11.0% |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Oth <u>er</u> | | |
| | Line of Insurance | | |
| Does f | iling only apply to certain territory (ter | itories) or certain classes? If so, specify: | |
| No | | | |
| | | | |
| | | es of an advisory organization, specify organization of an advisory organization, specify organization of an advisory organization. | |
| | ucts/Completed Operations portion | | · · · · · · · · · · · · · · · · · · · |
| | · · · · · · · · · · · · · · · · · · · | | |
| | | | |
| | | | |

- * Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.

Western National Mutual Insurance Company

Name of Company

Doug Draeger, Sr. Product Development Analyst